2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P00000112482

Entity Name: SOUTHEAST ASSOCIATION OF HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

511 PHYLLIS STREET
PENSACOLA, FL 32503

New Principal Place of Business:

5330 N. DAVIS HWY
PENSACOLA, FL 32503

Current Mailing Address:

511 PHYLLIS STREET
PENSACOLA, FL 32503

New Mailing Address:

5330 N. DAVIS HWY
PENSACOLA, FL 32503

FEI Number: 56-2551854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENFROE, PHILIP E
511 PHYLLIS STREET
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

RENFROE, PHILIP E
5330 N. DAVIS HWY
PENSACOLA, FL 32503 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. PHILIP E. RENFROE 04/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RENFROE, PHILIP E
Address: 5330 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: VD
Name: MITCHELL, ERIC G
Address: 5330 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: VD
Name: SNELLGROVE, DAVID L
Address: 5330 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. PHILIP E. RENFROE PRES 04/28/2011
Electronic Signature of Signing Officer or Director Date